

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

# 1321618

9/22/2009

Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use only

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## 1. Committee Information

NAME OF COMMITTEE

YES ON 20, NO ON 27 HOLD POLITICIANS ACCOUNTABLE, A COALITION OF TAXPAYERS,  
SENIORS, GOOD GOVERNMENT GROUPS, SMALL BUSINESS AND COMMUNITY  
ORGANIZATIONS

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE  
N/A

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

STEVEN S. LUCAS

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

ELLI ABDOLI

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

CHARLES T. MUNGER, JR.

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALO ALTO	CA	94301	(650) 926-5326

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/23/2010  
DATE

By STEVEN S. LUCAS

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/22/2010  
DATE

By CHARLES T. MUNGER, JR.

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

YES ON 20, NO ON 27 HOLD POLITICIANS ACCOUNTABLE, A COALITION OF TAXPAYERS, SENIORS, GOOD GOVERNMENT GROUPS, SMALL BUSINESS

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I.D. NUMBER

1321618

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
CHARLES T. MUNGER, JR./PROPONENT	Sought Or Held Not Specified:		<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIPCODE

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
PROPOSITION 27	STATEWIDE BALLOT MEASURE - NOVEMBER 2010	SUPPORT	OPPOSE X
PROPOSITION 20	STATEWIDE BALLOT MEASURE - NOVEMBER 2010	SUPPORT X	OPPOSE

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FORM 410**

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COMMITTEE NAME

YES ON 20, NO ON 27 HOLD POLITICIANS ACCOUNTABLE, A COALITION OF TAXPAYERS, SENIORS, GOOD GOVERNMENT GROUPS, SMALL BUSINESS AND

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I.D. NUMBER  
1321618

## 4. Type of Committee (Continued)

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

### Small Contributor Committee

☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditure in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Memo Reference:

ADDITIONAL COMMITTEE ADDRESSES: 1215 K STREET, #2260, SACRAMENTO, CA 95814; 3001 DOUGLAS BOULEVARD, #225, ROSEVILLE, CA 95661; 925 UNIVERSITY AVENUE, SACRAMENTO, CA 95825-6709

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